

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
106		1					57						
107							58						
108							59						
109							60						
11							61						
12							62						
13							63						
14							64						
115		1					65						
116							66						
117							67						
118							68						
19							69						
20							70						
21							71						
122							72						
123							73						
124							74						
125							75						
126							76						
127							77						
128							78						
29							79						
30							80						
131							81						
132							82						
133							83						
134							84						
135							85						
136							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
143		1					93						
144							94						
145							95						
146							96						
147							97						
148							98						
149							99						
150							200						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	22						TOTAL CLAIMS						

BEST AVAILABLE COPY